

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION
DIVISION OF BUSINESS AND FINANCE
CONTRACT AMENDMENT

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1. AMENDMENT NO.: 2	2. CONTRACT NO.: YH07-0001-01	3. EFFECTIVE DATE OF MODIFICATION: 10/01/2006	4. PROGRAM: DHCM-ALTCS
5. CONTRACTOR/PROVIDER NAME AND ADDRESS:			
6. PURPOSE: To amend Sections D, Paragraphs 36, HOSPITAL SUBCONTRACTING AND RESIMBURSEMENT and 44, CLAIMS PAYMENT/HEALTH INFORMATION SYSTEM			

7. The contract referenced above is amended as follows:

A. SECTION D, Paragraph 36, HOSPITAL SUBCONTRACTING AND REIMBURSEMENT:

Delete the following language under the subparagraph ***"Maricopa and Pima Counties Only"***:

"Pursuant to Section 6085 of the Federal Deficit Reduction Act, non-contracted providers of emergency services shall be paid no more than the AHCCCS Fee-for-Service rates. Furthermore,"

Change the "i" to "I" in the next sentence to read "In accordance with"

Delete the following language from under subparagraph ***"For Out-of-State Hospitals"***:

"For non-contracted out-of-state providers of emergency services, the Program Contractor shall pay no more than the AHCCCS Fee-For-Service rates, pursuant to Section 6085 of the Federal Deficit Reduction Act."

B. SECTION D, Paragraph 44, CLAIMS PAYMENT/HEALTH INFORMATION SYSTEMS:

Insert the following language above the second-to-the last subparagraph which begins "The Program Contractor shall submit a monthly Claims Dashboard....":

"In accordance with the Deficit Reduction Act of 2005, Section 6085, Contractor is required to reimburse non-contracted emergency services providers at no more than the AHCCCS FFS rate. This applies to in state as well as out of state providers.

In accordance with Arizona Revised Statute 36-2903 and 36-2904, in the absence of a written negotiated rate, Contractor is required to reimburse non-contracted non-emergent in state providers at the AHCCCS fee schedule, or pursuant to 36-2905.01, at ninety-five percent of the AHCCCS fee for service rates for urban hospital days. All payments are subject to other limitations that apply, such as provider registration, prior authorization, medical necessity, and covered service."

Note: Please sign, date and return one original to:

*Jamey Schultz
AHCCCS Contracts & Purchasing
701 E. Jefferson, MD5700
Phoenix, Arizona 85034*

8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

9. NAME OF CONTRACTOR:	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:
TYPED NAME:	TYPED NAME: MICHAEL VEIT
TITLE:	TITLE: CONTRACTS AND PURCHASING ADMINISTRATOR
DATE:	DATE: